DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′		LE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		445183	B, WING			l	⋜ 13/2018
NAME OF I	PROVIDER OR SUPPLIER	110100			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	13/2010
					438 NORTH WATER AVE		
GALLAT	IN HEALTH CARE CE	NTER, LLC		Ľ	GALLATIN, TN 37066		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
	REGULATORY OR LEGAL PROPERTY OF LIFETY OF LEGAL PROPERTY OF LEGAL PROPERTY OF LEGAL PROPERTY OF LIFTY	Survey follow up was tate of Tennessee Department of Health Licensure and of Health Care Facilities on reviously cited deficiencies on his Life Safety Survey, Gallating, LLC was found in substantial erequirements of the Rules of ment of Health Board for are Facilities Chapter ds for Nursing Homes and cition Association (NFPA) 101			DEFICIENCY)	RIATE	DATE
ADODATOS	ADDECTORS OF PROVID	FR/SUPPLIER REPRESENTATIVE'S SIGN	LATURE	_	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PRÖVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		rme	CONSTRUCTION 1 - MAIN BUILDING 04		IF AURVEY MPLETED
P0	C#1	445183	B. WING			06	/18/2018
12.1		TEMENT OF DEFICIENCIES	ID OFFI	431 G/A	RECT ADDRESS, CITY STATE, ZIP GOUP 8 NORTH WATER AVE ALLATIN, TN 37066 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	DN DBE	(X6)
PREFIX		Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFI		CROSS-REFERENCED TO THE APPROP DEPICIENCY)	RIATE	DATE
	Hazardous Areas - Hazardous Areas - Hazardous areas a having 1 hour fire re fire rated doors) or system in accordan When the approved system option is us separated from othe partitions and doors Doors shall be self- and permitted to ha protective plates the from the bottom of to Describe the floor a hazardous areas the 19.3.2.1, 19.3.5.9 Area Separation N/A a. Boiler and Fuel-F b. Laundries (larger c. Repair, Maintena d. Soiled Linen Roo e. Trash Collection (exceeding 64 gallo f. Combustible Store (over 50 square fee g. Laboratories (if ci Hazard - see K322) This REQUIREMEN by: Based on observat maintain the hazard The lindings include 1. Observation on 0	Enclosure re protected by a fire barrier assistance rating (with 3/4 hour an automatic fire extinguishing ice with 8.7.1 or 19.3.5.9 I automatic fire extinguishing ed, the areas shall be er spaces by smoke resisting is in accordance with 8.4. closing or automatic-closing we nonrated or field-applied at do not exceed 48 inches the door. and zone locations of at are delicient in REMARKS. Automatic Sprinkler Automatic Sprinkle	KS	1271	A self-closing apparatus was inst on the medical records room doe 6/20/18. The maintenance shop have been replaced with fire rate doors which also corrected the 3 under cut. A self-closing apparat been installed on the door to roo 202. All rooms designated as storage checked for self-closing doors an actions taken as needed. Maintenance staff will add audit self-closing doors to monthly preventative maintenance checked. Maintenance Director will report results to QAC monthly for three months or until QAC deems compliance.	doors ed finch us has om were d ing of	7/20/18
6	tted .Flu	ER/SUPPLIER REPRESENTATIVE'S SIGN			Administrator		12/13
ny deficient	y statement ending with a ada provide sufficient pro-	in esterisk (*) denotes a deficiency whi tection to the patients. (See instruction	ch the ins s.) Excep	inution	n may be excused from currecting provide nursing nomes, the findings stated above a	g it is det re disclos	armined that able 90 days

Any deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is constrained that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

ENTE!	R DICARE	& MEDICAID SERVICES	ando sas il Tirol S	CONSTRUCTION	OWR NO.	4545 55
		-01		t - MAIN BUILDING 01		G.
					0.00	ADIMANA
		445183			1 007	18/2018
	PROVIDER OR SUPPLIER					
ALLAT	IN HEALTH CARE CE	NTER, LLC				
	H DEFIC LATORY	UST BE PRECEDED BY F IDENTIFYING INFORMAT	PREFIX TAG		SHOULD BE PPROPRIAT	
< 321	self-closing within I	al records room door was not	K 321			
	2. Observation on a revealed the maint were not rated. NF 3. Observation on a revealed the maint cut over 3/4 of an a Edition) NFPA 80, 4. Observation on a revealed 202 in Me	6/18/2018 at 12:09 PM, enance shop doors (2 of 2) PA 101, 19.3.2 (2012 Edition) 6/18/2018 at 12:10 PM, enance shop doors were under nch, NFPA 101, 19.3.2 (2012 4.8 4.1 (2010 Edition) 6/18/2018 at 12:20 PM, emory Care had been changed is not setf-closing in the frame.				
K 345 SS≖D	which were later as administrator durin 06/18/2018. Fire Alarm System CFR(s): NFPA 101 Fire Alarm System A fire alarm system accordance with a with the requiremed Electric Code, and and Signaling Code acceptance, maint available 9.6.1.3, 9.6.1.5, NF	- Testing and Maintenance is tested and maintained in n approved program complying rits of NFPA 70, National NFPA 72, National Fire Alarm e. Records of system enance and testing are readily	K 345	The duct detectors were instand confirmed operational oby contractor Pye Barker. All other duct detectors were inspected and confirmed operational of the continued on next page.	on 6/20/18 re	7/20/1

TATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDEN/BUPPLIEN/CLIA IDENTIFICATION NUMBER		LE CONSTRUCTION		E SUNVEY
		445183	g WING_		06/	18/2018
	PHOMOER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 436 NORTH WATER AVE GALLATIN, TN 37066	5	
(X4) ID PREFIX TAG	(GACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IQ PREFIX TAG	PROVIDENTS PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(XØ) COMPLETIO DATE
K 345	The findings included Document review of AM and 11.00 AM, had not been inspection or NFPA 101, 19.3.2.3.72, 14.2.1.2.2 (201) Maintenance staff which were later as administrator during 06/18/2018. Sprinkler System - CFR(s): NFPA 101. Spinkler System - 2012 EXISTING Nursing homes, and construction type, approved automatic accordance with N Installation of Sprinkler protection or local regulations In hospitals, sprinkler coverage required by NFPA. Sprinkler Systems.	maintain the fire alarm le: on 06/18/2018 between 9.30 revealed duct detectors that ected during the annual fire onducted on 05/16/2018. b.3(11) (2012 Edition), NFPA 0 Edition) was present for the findings cknowledged by the g the exit conference on Installation which should be an exit of the protected throughout by an c sprinkler system in FPA 13, Standard for the	K 34	Maintenance Director will reviduct inspection report to veriduct detectors were inspected confirmed operational. Maintenance Director will president inspection reports to Administration who will report results to QAM. The shelving units were model.	fy that all d and esent duct strator C. fied in the to for fire e closet of re than 4 were the walk estential es.	7/20/18

CENTER	SE FOR MEDICARI	E & MEDICAID SERVICES		OME	3 NO 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTII ECATION NUMBER		* CONSTRUCTION (X 01 MAIN BUILDING 01	3) DATE SURVEY COMPLETED
		445183	B. WING		06/18/2018
HAME OF	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	
GALLAT	N HEALTH CARE CE	enter, LLC		ALLATIN, TN 37006	
(X4) ID PREFIX TAG	FEACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION TE DATE
K 351	This REQUIREME by: Based on observa	age 3 INT is not met as evidenced intions and document review, properly install the sprinkler	K 351	K351 continued. Monthly Sprinkler head inspection has been added to the preventive maintenance schedule.	
	revealed fire spnni and 214 are obstru NEPA 101, 19:3.5.	te: n 06/18/2018 at 12:37 PM, klers in the closets of room 213 acted by the shelving units. 1 (2000 Edition), NFPA Edition), NFPA 13, 8 5.5 (2010		Maintenance Director will verify completion of sprinkler head monthly inspection and report results to QAC monthly until QAC deemscompliance.	
	revealed a sprinkle from the wall in the NEPA 101, 19.3.5.	o 06/18/2018 at 12:37 PM, ar installed less than 4 inches a closet of patient room 423. 1 (2012 Edition), NFPA 101, on), NFPA 13, 8.7 3.3 1 (2010			
	revealed the sprint walk in cooler were damage, NFPA 10	t 6/18/2018 at 12:46 PM, klers in the walk in freezer and e not guarded against physical 1, 19.3 5.1 (2012 Edition), (2012 Edition), NFPA 13, 6.2.8			
K 353 SS=D	which were later a administrator durin 06/18/2018 Sprinkler System - CFR(s): NFPA 101	was present for the findings cknowledged by the gifthe exit conference on Maintenance and Testing Maintenance and Testing	K 353	The sprinkler inspection report from 3 rd quarter 2017 was discovered missing in Nov. 2017. Sprinkler inspection record are now current. The 2 corroded sprinklers underneath the station 1 pat	//20/18 ls
	Automatic sprinkle	and standpipe systems are		were replaced 7/12/18. Con't next pa	age

CENTERS FOR MEDICARE & MEDICARU SERVICES				UNID INC	. 6000-0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IXT) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		E SURVEY APLETED
	445183	e WING		06	/18/2018
NAME OF PROVIDER OR SUPPLIER GALLATIN HEALTH CARE CENTER, LLC			STREET ADDRESS, CITY, STATE: 438 NORTH WATER AVE GALLATIN, TN 37066	Z# C00€	
EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PHOVIDER'S PLAN OF (EACH CORRECTIVE AC GROSS-REFERENCED TO OCTICIEN	THON SHOULD BE THE APPROPRIATE	COMPLETION DATE
with NFPA 25. Stand Testing, and Maintain Protection Systems maintenance, inspect maintained in a sect available. a) Oate sprinkler system substands in REMARK any non-required or system. 9.7.5, 9.7.7, 9.7.8, and This REQUIREMEN by: Based on observation the facility failed to may stem. The findings include. 1. Document review AM and 11:00 AM, rether third quarter sprinkler sprinkler sprinkler sprinkler. The difficulty failed to may stem. The findings include. 2. Observations on 6 revealed 2 of 9 sprint the station 1 patio. Needlition), NFPA 101. Section 1. Redition), NFPA 101. Section 1. Redition 1. Redit	and maintained in accordance lard for the Inspection, ning of Water-based Fire Records of system design, ation and testing are are location and readily estem last checked estem last checked estem test apply source. Sinformation on coverage for partial automatic sprinkler and NFPA 25. This not met as evidenced ensurant in the fire sprinkler on 06/16/2018 between 9:30 evesled no documentation for nikler inspection for 2017. (2012 Edition), NFPA 13, 24.6.1 (2012 Edition), NFPA 13, 24.6.1 (25, 5.1.1.2 (2011 Edition) with 2018 at 12:04 PM, klers corroded underneath FPA 101, 19:3.5.1 (2012 17.1.1 (2012 Edition), NFPA 101, NFPA 25, 5.1.1.2 (2011 Edition), NFPA 101, NFPA 25, 5.1.1.2 (2011 Edition), NFPA 101, NFPA 25, 5.1.1.2 (2011	K 3	K 353 continued. The 9 sprinklers with grin the kitchen were rep All sprinkler heads have to be affected by this p All sprinkler heads wer action taken as needed Monthly Sprinkler heads been added to the presentation of sprinkler inspection and report remonthly until QAC dee	e the potential practice. e inspected and d. d inspection has wentive will verify r head monthly results to QAC	

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TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		CONSTRUCTION 1 - MAIN BUILDING Q1	COMP	BURVEY
		445183	a wing	MANAGEMENT	06/1	8/2018
	PROVIDER OR SUPPLIE	R	43	REET ADDRESS, CITY, STATE, ZIP CODE B NORTH WATER AVE ALLATIN, TN 37066		
(X4) 10 PREFIX TAG	TEACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	EOMPLETO DATE
K 353	revealed 9 of 9 lo kitchen. NFPA 10 101,9.7.1.1 (2012 Edition), NFPA 25 25, 5.1.1.4 (2011 Maintenance staff which were later administrator duri	on 6/18/2018 at 12:04 PM, aded with grease build up in the 1, 19.3.5.1 (2012 Edition), NFPA Edition), NFPA 13, 26.1 (2010 5, 5.1.1.2 (2011 Edition) NFPA	K 353			
	complies with NF electrical wiring a NFPA 70, National	I Electric gas or related gas piping PA 54, National Fuel Gas Code, nd equipment complies with al Electric Code. Existing continue in service provided no	K 511	The obstructions to the electrical pathe employee break room and launs service corridor have been removed. All electrical panels have the potent be affected by this practice and well inspected for obstructions and action taken as needed. Staff were in-serviced re: not obstructional panels and signage poster.	dry d. tial to re on	7/20/1
	by: Based on observemental clearance The findings inclu 1. Observations of revealed electrical boxes in the follows, employee brea	in 06/18/2018 at 1:10 PM, if panels obstructed by carts and wing locations:		Inspection of electrical panels was a to the maintenance daily checklist. Maintenance Director will randomly the electrical panels weekly and represults to the QAC monthly for three months or until the QAC deems compliance.	y audit port	

	* ATORONIO CEDVICES		0	ME NO.	0938-0391
OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
F GUNRECTION	IDENTIFICATION NUMBER	A BUILDING	p∑ MAIN BUILDING 01		
	445183	B VANG		06/1	8/2018
	NTER, LLC	43	18 NORTH WATER AVE		
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX FAG	MACH CORRECTIVE ACTION SHOULD) BE	COMPLETION CATE
(2012 Edition) NFP NFPA 70, 110.26 (2) Maintenance staff which were later as administrator during 06/18/2018. Smoking Regulatio CFR(s): NFPA 101 Smoking Regulation Smoking Regulation include not less that (1) Smoking shall be ward, or compartmy combustible gases and in any other has area shall be posted SMOKING or shall international symbol (2) In health care opposibited and sign major entrances, so that prohibits smok (3) Smoking by pat responsible shall be (4) The requirement where the patient is (5) Ashtrays of non design shall be prosmoking is permitted (6) Metal container devices into which be readily available.	A 101, 9.1.2 (2012 Edition) vas present for the findings knowledged by the green the exit conference on as as shall be adopted and shall an the following provisions: be prohibited in any room, ent where flammable liquids, or oxygen is used or stored agardous location, and such d with signs that read NO be posted with the offor no smoking. It is companies where smoking is a re prominently placed at all econdary signs with language ing shall not be required. It of 18 7.4(3) shall not apply a under direct supervision. Combustible material and safe wided in all areas where ed. Is with self-closing cover ashtrays can be emptied shall.	K 741	a non-smoking area. Other non-designated smoking a were inspected for evidence of smoking. Staff were in-serviced on designate smoking area. Maintenance staff will add inspect of non-designated smoking areas daily checklist. Maintenance Director will audit of	ted ction to	7/20/18
	NT is not met as evidenced				
	PROVIDER ON SUPPLIER IN HEALTH CARE CE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa (2012 Edition) NFP NFPA 70, 110.26 (2) Maintenance staff v which were later ac administrator during 06/18/2018. Smoking Regulatio CFR(s) NFPA 101 Smoking Regulatio Smoking regulation include not less tha (1) Smoking shall b ward, or compartm combustible gases and in any other ha area shall be poste SMOKING or shall international symbo (2) In health care o prohibited and sign major entrances, so that prohibits smok (3) Smoking by pat responsible shall be (4) The requirement where the patient is (5) Ashtrays of non design shall be pro- smoking is permitted (6) Metal container devices into which be readily available permitted. 18.7.4, 19.7.4	PROVIDER ON SUPPLIER IN HEALTH CARE CENTER, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 (2012 Edition) NFPA 101, 9.1.2 (2012 Edition) NFPA 70, 110.26 (2011 Edition) Maintenance staff was present for the findings which were later acknowledged by the administrator during the exit conference on 06/18/2018. Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18 7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.	PROVIDER ON EUPPLIER A 45183 PROVIDER ON EUPPLIER IN HEALTH CARE GENTÉR, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 (2012 Edition) NFPA 101, 9.1.2 (2012 Edition) NFPA 70, 110.26 (2011 Edition) Maintenance staff was present for the findings which were later acknowledged by the administrator during the exit conference on 06/18/2018. Smoking Regulations CFR(s) NFPA 101 Smoking Regulations CFR(s) NFPA 101 Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18 7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. (8) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.	The Participant of the Proposed September 1 (2012) Edition) Maintenance staff was present for the findings which were later acknowledged by the administrator during the exit conference on 06/18/2018. Smoking Regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall not be required. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (3) Smoking by patients classified as not responsible shall be prohibited. (3) Smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be empited shall be received; and in any earlier that prohibits another ashtrays can be empited shall be received; and the ashtrays can be empited shall be received; and shall areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be empited shall be received; and all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be empited shall be received; and all areas where smoking is permitted. (7) Metal containers with self-closing cover devices into which ashtrays can be empited shall be received; and all areas where smoking is permitted.	A45183 MINIONIDER DE EUPPLIER IN HEALTH CARE CENTER, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST de PRECIDED IN FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 6 (2012 Edition) NFPA 101, 9.1.2 (2012 Edition) NFPA 70, 110.26 (2011 Edition) Maintenance staff was present for the findings which were later acknowledged by the administrator during the exit conference on OFF/RE/2018. Smoking Regulations CFR(s) NFPA 101 Maintenance staff will add inspection of or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18 7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be empited shall be readily available to all areas where smoking is permitted.

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OCAPER	OC POD MEORAD	E & MEDICAID SERVICES		OM	B NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		E CONSTRUCTION 01 - MAIN BUILDING 01	X3) DATE BURVEY GOMPLETED
		445183	B WING		06/18/2018
	PROVIDEN ON SUPPLIER		43	INDET ADDRESS, CITY, STATE, ZIP CODE SONORTH WATER AVE ALLATIN, TN. 37088	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETION ATE DATE
K 741 K 923 35=0	Continued From p by: Based on observe maintain the smole The finding include Observations on 6 cigarette filters in a yard. Maintenance staff deficiency was ide acknowledged by conference on 6/1 Gas Equipment - 6 Gas Equipment - 6 Greater than or ec Storage locations ventilated in accord 5.1.3.3.3. >300 but <3,000 c Storage locations within an enclosed limited- combustite gates outdoors) the gases are not store separated from co sprinklered) or en- noncombustible of 1/2 hr. fire protect Less than or equal to a single smoke	ed: 3/18/2018 at 12:09 PM, revealed trash bags in the 2a-400 court was present when this entified and it was later administration in the exit 8/2018. Cylinder and Container Storage tual to 3,000 cubic feet are designed, constructed, and related and exit 5.1.3.3.2 and exit feet are outdoors in an enclosure or dinterior space of non- or ole construction, with door (or nat can be secured. Oxidizing red with flammables, and are embustibles by 20 feet (5 feet if closed in a cabinet of onstruction having a minimum.	K 741	The oxygen bottles were removed fro room 328 and oxygen in use signs installed. All resident rooms were inspected for properly stored oxygen containers/labeling and action taken a needed. Nursing staff were in-serviced on pro oxygen storage and labeling of room. Nurse managers will audit resident ro daily for three weeks, weekly for three weeks then monthly for three months report results to DON. The DON will report audit results to	as oper
	or equal to 300 cu	n aggregate volume of less than bic feet are not required to be sure. Cylinders must be		monthly QAC until QAC deems compliance.	

OMB NO. 0938-0391

		(XI) PROVIDER/SUPPEILINGLIA IDENTIFICATION NUMBER:		CONSTRUCTION . MAN BUILDING 01		ie survey Apleteo
		445183	B WING		06	/18/2018
	PROVIDER OR SUPPLIER IN HEALTH CARE CE	INTER, LLC	438	EET ADDRESS, CITY, STATE, ZIP NORTH WATER AVE LLATIN, TN 37066	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMIENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (BACH GORRECTIVE ACTIO CROSS-REFERENÇED TO TH DEF(GIENCY)	N SHOULD BE E APPROPRIATE	DOME LEGAL
K 923	A precautionary sign each door or gate of where the sign incomminimum "CAUTIC STORED WITHIN Storage is planned of which they are resemply cylinders and cylinders. When faintegral pressure groonsidered empty is are marked to avoid in the open are produced in the facility failed to bottles. The findings includes the facility failed to bottles.	utions as specified in 11.6.2. In readable from 5 feet is on of a cylinder storage room, udes the wording as a RN. OXIDIZING GAS(ES) NO SMOKING." so cylinders are used in order eceived from the supplier. It is esegregated from full incility employs cylinders with auge, a threshold pressure is established. Empty cylinders id confusion. Cylinders stored tected from weather. 3, 11.3.4, 11.6.5 (NFPA 99) NT is not met as evidenced tions and document review, properly store portable oxygen. 6: 2012 Edition) 2012 Edition) 2012 Edition) 2012 Edition at 12:13 PM, is not properly labeled to rage within the room.	K 923			
	which were later ac					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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		445183	B. WING			R 08/13/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 438 NORTH WATER AVE GALLATIN, TN 37066	, ZIP CODE	00.10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIA	(X5) COMPLETION TE DATE	
{E 000}	completed on 06/18	ency Prepardness Survey 8/2018, this facility was found with all Emergency irements.	{E 0	00}			
ABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.